STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003350	A. BUILDING: _____ B. WING _____	10/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST VINCENT SETON SPECIALTY HOSPITAL, INDIANA	8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

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S 000	INITIAL COMMENTS This visit was for investigation of one State hospital complaint. Complaint Number: IN00151446 Substantiated, deficiency cited related to the allegations. Date: 10/7/14 and 10/8/14 Facility Number: 003350 Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor QA: claughlin 11/03/14	S 000		
S 912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart.	S 912		

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S 912	Continued From page 1 (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and staff interview, the facility failed to implement policies related to bowel management protocol for 1 of 5 patients (pt. #1), failed documentation of daily BMs (bowel movements) on the form provided in the medical record for 4 of 5 patients (pts. #1, #2, #3, and #4) and failed to follow up with documentation of reassessment for pain levels after interventions for 2 of 5 patients (pts. #2 and #5). Findings: 1. Review of the policy and procedure "Bowel Management Protocol", policy number 287832, last revised on 05/2013, indicated: a. On page 2 under "Assessment", it read; "...B. Bowel function is to be assessed and documented daily. If no bowel movement within the previous 48 hours, initiate Preventative Constipation Protocol and no BM in 24 hours, initiate Active Treatment Constipation Protocol". b. On page 2 under "Preventative Treatment for Constipation", it read: "1. Assess bowel status	S 912		

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S 912	Continued From page 2	S 912		

daily as outlined. 2. Document on Flowsheet...4. If no BM in 24 hours period, initiate "Active Treatment for Constipation".
c. On page 2 under "Active Treatment for Constipation, it read: "1. If no bowel movement in a 24 hour period. 2. Check for impaction...3. Bisacodyl 10 mg suppository PR (per rectum) x 1 dose. 4. If no results after 2 hours. Fleets enema PR x 1 dose...".

2. Review of patient medical records indicated that pt. #1 was admitted on 5/23/14 and:
a. Had admission orders for Docusate Sodium 10 mg/ml liquid (100 mg) per feeding tube two times a day and Miralax 17 GM per feeding tube daily.
b. Had documentation on the MAR (medication administration record) on 5/23/14 that indicated in the "Bowel Elimination Protocol Check"..."If no BM in 48 hours, initiate Bowel Protocol."section that the patient's last BM was 5/22/14.
c. Lacked documentation on the MAR for 5/24/14 that would indicate the date of the patient's last BM. Check
d. Had documentation on the MAR for 5/25/14 that indicated in the "Bowel Elimination Protocol Check", that the patient's last BM was 5/22/14.
e. Lacked documentation on the MAR for 5/26/14 that would indicate the date of the patient's last BM and lacked 9 AM documentation by nursing that the Bowel Protocol was initiated. The evening nurse initialed the area at 9 PM, without documentation of what "protocol" interventions were begun.
f. Had a written note on the MAR on 5/27/14 that indicated the patient had no BM and the "Bowel Protocol" was "implemented".
g. Was given a fleets enema at 4 AM on 5/28/14 and a Bisacodyl suppository at 5 PM on 5/28/14.

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S 912	Continued From page 3 h. On 6/12/14 and 6/13/14, nursing failed to document the patient's last BM on the MAR in the Bowel Elimination Protocol Check section and the 9 AM nurse either circled 9 AM or crossed it out without initialing the area. The night nurse noted the check and initialed the area without an explanation of what "check" or protocol was implemented. i. No "Last BM" was documented on the "Care/Assessment Flow Sheet - Page 2" on 6/10/14, 6/11/14, 6/12/14, 6/13/14 and 6/14/14. 3. At 8:45 AM on 10/8/14, interview with staff member #51, the patient care services manager, indicated: a. Nursing staff failed to follow the bowel protocol process for pt. #1 in two instances: 1. after admission on 5/23/14 when there was no documented BM for several days, and the process/protocol didn't begin until 5/27/14, while the policy indicates it should begin if no BM in 48 hours; and 2., in June when there were 5 days without a documented BM before the protocol was started. b. Nursing staff may be confused as to how to document on the MAR regarding the "Bowel Elimination Protocl Check" and what is exptected to be noted there. 4. Review of the policy and procedure "Patient Care Services Documentation Guidelines", policy number 309284, last revised on 10/2012, indicated: a. On page 3, it read under the I & O (intake and output) section: "...Totals:...This will include yesterdays I & O and last BM." 5. Review of patient medical records indicated: a. Pt. #1 lacked documentation of the "Last BM" on the "Care/Assessment Flow Sheet - Page 2",	S 912		

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S 912	Continued From page 4 for 6/10/14, 6/11/14, 6/12/14, 6/13/14, and 6/14/14. b. Pt. #2 lacked documentation of the "Last BM" on the "Care/Assessment Flow Sheet - Page 2", on 5/27/14. c. Pt. #3 lacked documentation of the "Last BM" on the "Care/Assessment Flow Sheet - Page 2", on 5/30/14. d. Pt. #4 lacked documentation of the "Last BM" on the "Care/Assessment Flow Sheet - Page 2", on 6/4/14 and 6/5/14. 6. At 8:45 AM on 10/8/14, interview with staff member #51, the patient care services manager, indicated that documentation on the flowsheets is lacking, in regards to the last BM, for patients #1, #2, #3, and #4, as listed in 3. above. 7. Review of the policy "Patient Care Services Documentation Guidelines", policy number 309284, last revised on 10/2012, indicated: a. On page 2 under "Page 1A and 1B: Vital Signs", it read: "...Pain Management...NOTE: Pain should be re-assessed and documented one (1) full hour following any pain medication intervention...". 8. Review of the policy and procedure "Pain Management", number 385228, last revised on 04/2013, indicated: a. On page 2, under section D., it read: "...After each pain management intervention. Reassessment guidelines are: sixty (60) minutes following all routes of medication administration...". 9. Review of patient medical records indicated: a. Pt. #2: A. Had a pain score of 8 (out of 10) at 6:30 PM on 5/30/14, and was medicated for their pain, but	S 912		

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S 912	Continued From page 5 did not have follow up re-assessment for pain until 8:00 PM. B. Had a pain score of 6 (out of 10) at 11:30 PM on 5/30/14, and was medicated with Norco, but did not have a re-assessment for pain until 3:00 AM on 5/31/14. b. Pt. #5: A. Had a pain score of 10 (out of 10) at 10:30 PM on 6/3/14, and was medicated for this. The next re-assessment was at 12:30 AM on 6/4/14. B. Had a pain score of 8 (out of 10) at 6:20 AM on 6/6/14, and was medicated for pain. Follow up re-assessment was not until 8:00 AM on 6/6/14. 10. AT 10:00 AM on 10/8/14, interview with staff member #53, the manager of organizational excellence, indicated that nursing staff is not following facility policy, in regards to re assessing patient pain levels after interventions are implemented within one hour, as required per facility policy, and as stated in 8. above.	S 912		